

The wasting and nutritional problems in many patients with AIDS coupled with the high rate of seborrheic dermatitis in AIDS suggest that essential fatty acid deficiency could be one of the predisposing factors for AIDS. If so, administration of evening primrose oil should be of help in this disorder, for which no adequate treatment is presently available.

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zo(a)pyrene and radiation induced genetic damage in mice can be prevented by gamma-linolenic acid but not by arachidonic acid. *Nutr Res* (in press)

Outbreak of pertussis in a small community

The recent report by Sheps of pertussis in a vaccinated 12-year-old girl (*Can Med Assoc J* 1984; 131: 1467-1468) prompted us to share our experience of a small pertussis epidemic in Edmundston, NB.

Between August 1983 and February 1984, 52 patients who had a persistent cough with or without paroxysm and choking were suspected of having pertussis. The results of culture were positive in 11 of the patients, eight boys and three girls. Four were 6 months of age or younger, three were between 2 and 5 years, and four were between 7 and 14 years. The vaccination status of the children over 6 months of age was appropriate except in one child, who had missed his second booster of diphtheria-pertussis-tetanus vaccine. Clinically, pertussis was most severe in the four infants: three required hospitalization, and all had a paroxysmal cough associated with choking and vomiting of phlegm. Two of the infants also had episodes of apnea and bradycardia and required oxygen. The older children had only persistent cough and occasional episodes of choking and vomiting.

It is vital that pertussis be recognized early and treated appropriately with antibiotics to eradicate the causative pathogens from the nasopharynx and to reduce spreading of the infection.¹ Although the symptoms are less severe in children who have been vaccinated, pertussis can still cause substantial morbidity, absence from school and apprehension among parents and teachers, and can reach epidemic proportions.

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Statistically significant or significant?

Biostatisticians are greatly valued by clinical investigators. After pre-planning the harvest of information, they sort the statistically significant wheat from the chaff of chance.

Those nine tongue-twisting syllables can't be repeated too often, so the single word "significant" gets used. This is where the trouble starts because it means "important" in ordinary talk. A wicked temptation might rear up in the subconscious of the noble investigator to fail to make clear which meaning is intended. Levels of a nontoxic metal in hair might be higher ($p < 0.01$) for one group of people than another, though both are within the acceptable range. This difference is "highly significant" in a general sense. Horsefeathers!

We can't succeed in changing the common usage of "significant", so we should seek a new word for "statistically significant". Statisticians, please neologize. Don't be constrained by the language of the ancient Greeks or Romans — they didn't have a strong tradition of controlled clinical trials.

One pundit suggested to me a jolly acronym to get the ball rolling — "muthoc" (most unlikely to have occurred by chance). This has a fine Saxon ring to it. In the above example the difference might be muthoc but it would not be significant (meaning important). At the 5% level the difference would only be "uthoc". The converse, "choc" (could have occurred by chance) — well, perhaps.

This got me interested. The verb "hap" means "chance", as in "happen". Why don't we substitute one word for three and use "haptive" for "not statistically significant"? This could then give us the antitheses "antihaptive" or "ahaptive" to mean statistically significant. These could be qualified to primahaptive (at the 1% level) or pentahaptive at 5%.

I see a need for a neologism. Reactions and suggestions?

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